

2623

IFW



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/696,609
		Filing Date	October 24, 2000
		First Named Inventor	Klaus Hofrichter
		Art Unit	2623
		Examiner Name	Srivastava, Vivek
Total Number of Pages in This Submission	13	Attorney Docket Number	80398P608

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s): <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> - Check for \$180.00
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> - Return postcard
<input checked="" type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Sheryl Sue Holloway, Reg. No. 37,850 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP	
Signature		
Date	July 12, 2006	

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Joan I. Abriam	
Signature		Date
	7/12/06	

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 11/30/2005.  
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PTO  
JUL 17 2006  
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# FREE TRANSMITTAL FEE PAYMENT 2005

*Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT**      (\$ )      180.00

### Complete if Known

Application Number	09/696,609
Filing Date	October 24, 2000
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Attorney Docket No.	80398P608

### METHOD OF PAYMENT (check all that apply)

Check    Credit card    Money Order    None    Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 02-2666   Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Charge fee(s) indicated below                                     | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) | <input checked="" type="checkbox"/> Credit any overpayments                       |
| under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.   |   |

### FEE CALCULATION

#### 1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	33	33* =	0 X 50.00 =	\$0.00
Independent Claims	4	4* =	0 X 200.00 =	\$0.00
Multiple Dependent				

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Code (\$)
1202	50	2202 25   Claims in excess of 20
1201	200	2201 100   Independent claims in excess of 3
1203	360	2203 180   Multiple Dependent claim, if not paid
1204	790	2204 395   **Reissue independent claims over original patent
1205	300	2205 150   **Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (1)</b>		<b>( \$ )      0.00</b>

\*\*or number previously paid, if greater. For Reissues, see below

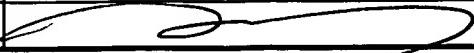
#### 2. ADDITIONAL FEES

Large Entity      Small Entity

Fee Code	Fee (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051	130	2051	65   Surcharge - late filing fee or oath	
1052	50	2052	25   Surcharge - late provisional filing fee or cover sheet.	
2053	130	2053	130   Non-English specification	
1251	120	2251	60   Extension for reply within first month	
1252	450	2252	225   Extension for reply within second month	
1253	1,020	2253	510   Extension for reply within third month	
1254	1,590	2254	795   Extension for reply within fourth month	
1255	2,160	2255	1,080   Extension for reply within fifth month	
1401	500	2401	250   Notice of Appeal	
1402	500	2402	250   Filing a brief in support of an appeal	
1403	1,000	2403	500   Request for oral hearing	
1451	1,510	2451	1,510   Petition to institute a public use proceeding	
1460	130	2460	130   Petitions to the Commissioner	
1807	50	1807	50   Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180   Submission of Information Disclosure Stmt	
1809	790	1809	395   Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395   For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)		<b>SUBTOTAL (2)</b>	<b>( \$ )</b>	<b>180.00</b>

### SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Sheryl Sue Holloway	Registration No. (Attorney/Agent)	37,850	Telephone	(408) 720-8300
Signature				Date	July 12, 2006

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (W) 12/15/2004.  
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